L111
.A3P18
v. 5b

LIBRARY OF PRINCETON
SEP 23 1941
THEOLOGICAL SEMINARY

State-Wide Trends in School Hygiene and Physical Education

Pamphlet No. 5
(Revised)

FEDERAL SECURITY AGENCY
U. S. OFFICE OF EDUCATION

L111
.A3P18
v. 5b

G-IV

LIBRARY OF PRINCETON
SEP 23 1941
THEOLOGICAL SEMINARY

State-Wide Trends in School Hygiene and Physical Education

By

JAMES FREDERICK ROGERS, M. D.
Consultant in Hygiene
U. S. Office of Education

Pamphlet No. 5
(Revised)

FEDERAL SECURITY AGENCY - - - - - - - - Paul V. McNutt, *Administrator*
U. S. OFFICE OF EDUCATION - - - - JOHN W. STUDEBAKER, *Commissioner*

UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON : 1941

✦

For sale by the Superintendent of Documents, Washington, D. C.
Price 5 cents

State-Wide Trends in School Hygiene and Physical Education

As Indicated by Laws, Regulations, and Courses of Study

THREE WAVES of legislation with reference to conditions and activities in schools affecting health and safety have swept the country, caused, respectively, by intemperance in alcohol, the World War, and the speeding automobile. Wavelets produced by fear of fire and of "bad air" have also had a considerable, if less spectacular, influence in the stimulation of lawmaking. Underneath these major disturbances there has always existed some ebb and flow of interest in the physical welfare of the school child, and that interest was put into practice long before permissions or requirements in this field were written into statutes and regulations. One might suppose there would be no need for laws looking to better health and the prolonging of life, but human nature is not always consistent; strange prejudices, dating to prehistoric times, still survive and always there is an unwillingness to be taxed for the promotion of human welfare and especially for the welfare of other than one's own children.

Safety and Sanitation

A law which was placed on the statutes of California in 1866 required that "due attention" be given to "the ventilation and temperature of schoolrooms," but the compulsory regulation of school conditions and of schoolhouse construction was not extensive until the present century. By 1910 only 3 States had made special provisions with reference to fire protection, and 12 in regard to sanitation, although in 6 others there were regulations by the State board of education or of health along this line. Nine of these 12 laws referred to ventilation, to heating, and to toilets.

By 1920 the States having laws or regulations with reference to fire protection had increased to 28; concerning sanitary arrangements to 39; and to heating and ventilation, 35. There were but 4 States which had no laws or regulations concerning school planning and equipment. The laws which referred to heating were "unusually homogeneous" and the temperature to be maintained, as specified in 10 States, was 70° Fahrenheit, a maximum which Horace Mann had recommended a century ago as then considered most advisable.

The ventilation of schools has been and still is the most troublesome problem in school hygiene. In the nineties the carbon dioxide of the air, if not looked upon as a menace in itself, was at any rate set down by the sanitarians as a definite gage of the degree of toxicity of the

air caused by human "effluvia." When it was formulated by science that, in order to keep the carbon dioxide down to a certain concentration, and hence the deleterious matter in the air at a safe dilution, each child must have delivered a certain amount of "fresh air" per hour, there was something definite on which to set up legislation. About 1890 the State of Massachusetts adopted a rule that 30 cubic feet of air should be introduced per pupil, per minute and by 1920 this rule had been adopted and proclaimed by law or regulation in 20 States.

At about that date, convincing investigations emphasized the importance of regulation of temperature rather than air exchange in ventilation, and the above requirement which had seldom been lived up to became of doubtful value. There still seems good reason for the renewal of air at such a rate as will prevent the concentration of odorous and other suspended material which may serve as a carrier of organisms having to do with communicable disease. However, a dilution of 15 rather than of 30 cubic feet of air per hour has been recommended as adequate and as more practicable.

The laws and regulations with reference to conditions affecting health and safety have not been compiled or abstracted since 1920.

Physiology and Hygiene

A hundred years ago human physiology and hygiene were taught in a considerable proportion of schools and probably to as large a percentage of high-school students as is the case today. In at least some teacher-training schools, novices were prepared for such instruction and there was a goodly array of textbooks from which to choose.

Without stimulus of unusual happenings an act was passed in 1850 by the General Court of Massachusetts to the effect that "Physiology and Hygiene shall hereafter be taught in all the public schools of this Commonwealth, in all cases in which the School Committee shall deem it expedient" and "all school teachers shall hereafter be examined in their knowledge of the elements of Physiology and Hygiene and their ability to give instruction in the same."

No wave of legislation having to do with school hygiene has so swept the country as that accompanying the temperance movement. Every State passed a law requiring instruction in regard to the effects of alcohol and narcotics; while for the outlying parts of the United States, a law to the same effect was established by act of Congress. While the requirement of instruction in the effects of alcoholic drinks and of narcotics (tobacco is mentioned in many of these statutes) was the first intent of these laws, it was recognized that such teaching belonged as part and parcel of the larger subjects of physiology and

hygiene and these more general branches are required without limitation as to content by most of our States.

Practically all of the laws to this end were set up in or around the year 1880. While most of the statutes did not decide the age at which these subjects were to be presented, some specified the grades to be taught and whether a text was or was not to be used. That the legislators were very much in earnest in some States is indicated by the requirement that the textbooks of physiology and hygiene should devote a specified proportion of their contents or a definite number of pages to the effects of alcohol. A number of the laws also stated very positively that physiology and hygiene should "be taught to and studied by pupils as thoroughly and in the same manner as other branches are taught and studied."

At the present time (1941) all but 2 States have laws requiring instruction in the effects of alcohol and other narcotics and many of these statutes have recently been revised.

Health Services

Legislation with regard to the medical inspection of school children began in Connecticut in 1899 but was most active between 1917 and 1924, with minor changes in existent laws during that period and later. The World War draft with its "revelation" of defects was a powerful influence in securing the enactment of laws in 24 States during the period mentioned. These laws present an astonishing variety as to details of requirements or permissions and are difficult to present in a simple classification. In all, 43 States have a statute either permitting or requiring the examination of children for physical (and sometimes mental) defects. In addition, 2 States permit or require dental examinations.

In 30 States the law is more or less mandatory. The State board of education is responsible for carrying out the law in 11 States; the State department of health is responsible in 7; and joint action is advised in 11. However, the "responsibility" especially of departments of health seldom includes more than the prescribing of examination forms. In joint supervision this is usually the function expected of the department of health.

The local responsibility rests in 33 States with the board of education and in 4 with the board of health. In 2 it is placed jointly.

Only 1 State (New York) has by law a State director of medical inspection, although in 5 others some official of the State department of education or of health serves more or less exclusively in this capacity.

Examinations are "required" annually (presumably of all pupils) in 19 States; every 2 years in 2; and every 3 years in 1.

Examination by teachers is specified by mandatory laws of 7 States, though usually for certain conditions, especially for defects of eyes, ears, nose, and mouth.

It is stated that the teacher may be *one* of the examiners in 13 other States. In 2 States a nurse is apparently the only examiner; and in 11 others she may participate in examinations.

A physician is specified as examiner in 2 States; the county health officer in 4 States; while in 22 the physician is mentioned as one of the examiners.

A dentist is the sole examiner in 2, and he is one of the examiners in 5 other States. The physical educator is mentioned in the law of Missouri.

In 2 States, examinations of children are limited to the teeth; in 3, to sight and hearing. In only 11 is a general examination indicated. Details are given on page 11.

In 1 State only is examination made obligatory, the parent being fined $5 or put in jail for 10 days for "each refusal" to permit examination. In another State a child who shows a serious defect must be brought by the parent before an agent of the State board of health. Failure to comply is punishable by a maximum fine of $50 or 10 days' imprisonment. However, "written objection from the parent exempts the child from examination."

Besides laws with reference to the examination of children, some States have statutes requiring or permitting the medical examination of teachers, usually for the purpose of determining the presence of tuberculosis or other communicable disease, which might be transmitted to pupils. The States now requiring a health certificate at the beginning of teaching and sometimes later are Arizona, Arkansas, Idaho, Maryland (annually), Missouri, Montana, Nevada, New Jersey (every 3 years), New Mexico, North Carolina (annually), Pennsylvania, Rhode Island, and South Carolina.

Physical Education

Physical education in the form of gymnastic exercises was introduced into schools here and there early in the nineteenth century, but it was not until immediately following the Civil War that a law (mentioned above) was passed by the legislature of California requiring that provision be made in all schools for the promotion of physical activities. By 1890 most of the larger cities had adopted one of the many systems of "calisthenics" which had evolved from those imported from Europe, especially from Sweden and Germany. Lessons from 5 to 30 minutes in length were conducted, usually once, but sometimes twice a day. These activities were intended especially to counteract the effects of the sedentary life of the school, though

much more was expected from their use. They were considered of especial importance for city children, as having fewer facilities for physical activity than their country cousins.

At this time there was no national organization aiding the cause of physical education. In certain localities, however, the Turnverein was influential and it was this society which was instrumental in securing the passage, in Ohio, in 1892, of a law requiring the inclusion of physical education "in the branches to be taught in public schools of cities of the first- and second-class."

Commenting on the passage of this law the editor of *Physical Education* in the September 1892 issue remarks "The National Women's Christian Temperance Union is taking hold of this matter with great vigor and will endeavor to have similar laws passed in other States." However, no further legislation on this subject occurred until North Dakota passed a bill in 1899. This State made "physical education" a required subject in all common schools, and declared it the duty of "all boards or educational institutions receiving money from the State to make provision for daily instruction in all schools and institutions under their jurisdiction."

Idaho was added to the list in 1913, but it was in 1916 that a wave of legislation, stimulated by the World War and interest in the improvement of national fitness, began—a wave which resulted in the passing of laws in 37 States. The wave has receded slightly in recent years and the number is now 34. These statutes are practically all mandatory, but in 2 States physical education is required in high schools, and in 2 in elementary schools, though permissive in other grades.

In 13 States a certain time to be devoted to physical activities or to instruction in such activities is specified by law, while in others a definite time is suggested in the State regulations or course of study. The required or suggested time for elementary grades varies from 20 to 30 minutes per day and this is usually exclusive of recess periods.

The course of study of 1 State in which the time requirement is exclusive of recess, rules, however, that "all recess periods are to be considered physical education periods." Another State department says "Recess should be limited in usage to those which are in truth recesses. It should not be used to designate physical education." This apparently contradictory advice is due to the fact that the "physical education period" in this instance is considered by the State authorities as instructional.

In the days when gymnastics or calisthenics were the sum and substance of physical education so far as any activities under that name in school were concerned (from the introduction of "physical training" up to about 1910), the period set apart in the school schedule for this purpose and the activities carried on were an end in themselves.

313226°—41——2

While the efforts of the teacher were instructional, it was not expected that the exercises taught would be repeated by the pupil of his own volition at any other time or in any other place. It was taken for granted that the pupil would carry on his more active physical education through the traditional games of the playground. It became more and more evident, however, that these traditions were (because of racial mixtures, small families, overrefinement in dress, shrinking school grounds, and other causes) not being carried on. As the Montana Course of Study puts it, "children inherit play but they do not inherit games," and the knowledge of games was more or less lost. Because of the importance of playground activities in the life of the average child, it became apparent to the physical educator that these activities (which had always been vastly more valuable than any formal gymnastics) should be taken up as a matter of instruction and, where needed, given supervision. The time assignment for the lesson, under the present concept of physical education, is considered chiefly as one for instruction in games, dancing, and feats of skill, while the recess period is the time for putting into practice what is taught with only such supervision as is needed for the unhampered enjoyment of the activities that have been learned. The varying physical education "requirements" of different States or of local schools are absurd, considered in any other light, for either the 10 minutes a day or 1 period a week in the program of 1 school must be too little, or the 60 minutes a day or 5 hours a week required in another must be too much. Certainly the period set apart in the regular school schedule can only be considered a "drop in the bucket" so far as the needs of opportunity for play of the average child are concerned. While the healthy child, if unhampered, usually finds outlet for superfluous activity in the playing of the active games with which he is acquainted, it does not follow that because a child is required to play these games he will become more healthy in body or mind or a better social creature. There are other outlets nowadays for nervous energy, and compulsion along this line may not bring about expected results. While ample opportunity and encouragement should be furnished, this is probably as far as we can safely and logically go.

There is left over as a physical education activity of the school schedule, finding its end at the time and in itself, the remains of the former formal gymnastic lesson in the 2-minute relaxation period or "relief drill." Thirteen States in their courses of study recommend this period. Five States advise its observance twice a day; 2 States, 3 times; 2 States, 3 or 4 times; 2 States, 4 times; 1 State, "in each sitting period"; and 1, "when needed."

The fact that a generation ago the physical educator gave the recess period no formal recognition, while he now insists upon its great importance in his program is not a piece of inconsistency, for though

the importance of class exercises in gymnastics has declined, he always looked upon games as of prime moment. The difference is that, in the sociological changes which have come about, it becomes incumbent on him to assume the responsibility for the activities of the outside or inside playground (gymnasium) in the way of supervision if not of instruction.

In high schools, while about the same amount of time is suggested or required for physical education as in the lower grades, this time is usually condensed into two or three periods per week. Since much of such periods is spent in dressing, calling the roll, and in bathing, there are not many minutes left even for instruction. As adequate weekly allowance for physical activity it is absurdly small.

The logical tendency is toward an extension of the opportunity for sufficiently supervised play. Evidently Oregon has come to this conclusion for in its course of study it states "The play field and equipment should be available at all times for use. This includes the period after school and on Saturdays." However, this applies to cities and villages rather than to regions where children are transported, in which a definite period in school hours must be set apart if the children are to play together for any length of time.

With the change from lessons in gymnastics to the present methods used and content in physical education, there is need for larger and better surfaced playgrounds and a change from the traditional type of gymnasium to an indoor playfield.

The need for space and supervision of physical activities extends beyond the school. They are as much a recreational need of the community as of the school. Community and school become merged in this regard just as the home and school are mutually interested in the efforts to preserve or improve conditions affecting the health of the child.

Health Education

The way for the more active teaching of hygiene, now known as "health education" was prepared legally long ago in the laws previously mentioned which require the teaching of "hygiene and physiology." Also many of the physical education laws specify the teaching of information in regard to factors affecting health, and also teacher preparation for such work. Suggested 80 years ago by the Boston school examiners, the "health habit" idea has been much talked about and 45 States in their courses of study outline in more or less detail, methods of health-habit teaching. In 2 States the course of study recommends, or the physical education law requires, that in the first 6 to 8 grades, 5 minutes of each day be devoted to health instruction; in 1, 8 minutes; in 5, 10 minutes; in 3, 12 minutes; in 3, 15 minutes.

Lessons are to be given once a week in 5 States; twice per week in 3; and three or four times in 1.

One of the States would carry regular instruction to and including the ninth grade; 1 the tenth, 1 the eleventh; and 3 to all grades. In 2 States detailed courses of study have been developed for all grades.

A textbook is mentioned in 30 States. Its use is begun in grade III in 2 States; in grade IV in 8; in grade V in 7; in grade VI in 6; in grade VII in 4; and in grade VIII in 2. A text for elementary grades is not mentioned in the remainder. A number of State syllabi recommend the correlation of hygiene with other subjects of the curriculum. One says that "hygiene must be taught everywhere throughout the school course," the time and effort spent to "depend upon the home environment and community." Excellent instruction is carried on in classes of home economics but these include only a fraction of students in attendance.

Safety Education

The most recent wave of legislation—that for safety education—was set in motion by the speeding automobile. Originating from highway accidents, such teaching usually includes the avoidance of dangers to life and limb elsewhere. Beginning 10 years ago, the following States have passed laws which require instruction in safety: Arkansas, California, Connecticut, Indiana, Massachusetts, New Jersey, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, Wisconsin, and Wyoming. A few other States have regulations of the State department of education concerning such education. These laws often specify that there shall be instruction in the safe driving of automobiles. A few States, besides those mentioned, have long had statutes requiring some teaching with reference to fire prevention.

State Supervision

State supervision in the fields covered by this publication began in 1914 with the appointment of a State Medical Inspector in New York. A first State Supervisor of Physical Education was appointed in New York in 1916. At the present time, directors or supervisors of "physical education," of "health and physical education" or of "physical and health education" are employed by half of our States and in a few there are one or more assistant directors. In New York there is a staff of 16 special workers in medical and dental inspection, school nursing, dental hygiene, instruction in health and safety, physical education, and recreation. In 4 other States there is some supervision of physical examinations and of nursing services in the Department of Education, and in 5 States in the Department of Health.

Through the aid of Federal funds at their disposal, a number of State Departments of Health have recently added supervisors or "coordinators" of health education to their staffs.[1]

Summary

Looking back over a half century in which health work in schools has received State-wide recognition in legislation, it is evident that there has been unquestioned acceptance of physiology and hygiene as a part of the curriculum, at least in elementary schools, and quite specific directions have been given as to what should be done in these schools. There is rather general neglect of these subjects, however, in the period of senior high school life.

As regards physical education, there is a similar widespread recognition, but both the laws and the courses of study reflect the transition from the old gymnastic period, considered sufficient in itself, to an instructional period chiefly devoted to games or rhythmic activities, with provisions by the school (or other civic agency) of opportunity at recess, and sometimes after school and on Saturday for the spontaneous practice of these activities.

The great variety of legislation for medical inspection is indicative of an activity which is comparatively recent, is to many outside the realm of education, and is tinged with popular prejudice against interference with the ways of nature as exhibited in bodily faults and disease. Modifications in these laws are being made from time to time as the importance of the removal or treatment of defects and disease and the relation of health to school progress are becoming better appreciated.

[1] The State supervision of the fields covered in this pamphlet is treated in detail in a separate publication of this office, *State Supervision in the Field of Health and Physical Education.*

Table 1.—*Summary of State legislation on physical and health education*

[Key—M indicates mandatory law; P, permissive law]

State	Nature of legislation	Date of first law	Hygiene instruction emphasized	Provision for teacher training	Required exercise minutes daily (D) or weekly (W)		Required for graduation	State supervisor to be appointed
					Elementary school	High school		
1	2	3	4	5	6	7	8	9
Alabama	M	1919						Yes
Arkansas	M	1931	Yes					
California	M	1866			20 D	120 W	Yes	Yes
Connecticut	M	1921	Yes	Yes			Yes	Yes
Delaware	M	1918						
Georgia	M	1920		Yes	30 D	30 D		
Idaho	M	1913						
Illinois	M	1915	Yes	Yes	60 W	60 W		Yes
Indiana	P	1919	Yes	Yes	15 D	120 W		
Iowa	M	1923	Yes	Yes	50 W	50 W	Yes	
Maine	M	1919	Yes					
Maryland	M	1918			[1] 15 D	[1] 60 W		Yes
Massachusetts	M	1921	Yes					
Michigan	M	1919	Yes	Yes				Yes
Minnesota	M	1923	Yes	Yes				Yes
Mississippi	M	1920	Yes	Yes				Yes
Missouri	M	1921	Yes	Yes				Yes
Montana	M	1941	Yes					Yes
Nevada	M [2]	1917						
New Jersey	M	1917	Yes	Yes	150 W	150 W	Yes	Yes
New York	M	1916	Yes	Yes				Yes
North Carolina	M	1921						
North Dakota	M	1899						
Ohio	M	1892		Yes	100 W	100 W		Yes
Oregon	M	1919		Yes	20 D	20 D		
Pennsylvania	M [3]	1919						
Rhode Island	M [4]	1917			20 D	20 D		
South Carolina	M	1924		Yes				
Tennessee	M	1923		Yes				
Texas	M	1929						
Vermont	M [2]	1937						
Virginia	M	1920	Yes	Yes				Yes
Washington	M [3]	1919		Yes	20 D	90 W		
Wisconsin	M	1923		Yes	150 W	150 W		Yes

[1] In elementary grades, 120 minutes of directed play per week; 60 minutes in high schools. (In addition to the above.)

[2] For high schools. [3] For lower grades. [4] For children over 8.

Table 2.—*Summary of State legislation for medical inspection*

State	Law	State authority[1]	Local authority	Mandatory or permissive	Examiner	How often	Extent of examination specifically mentioned
1	2	3	4	5	6	7	8
Alabama	Yes	Joint	Joint	M[2]	County health officer	Annual	Any defect and deformity. Physical and mental.
Arizona	Yes		Education	P	Physician, nurse, and dentist.		Not stated.
Arkansas	Yes	Education		P	Physician, nurse, and teacher.	Annual	Contagious diseases and defects.
California	Yes		Education	P	"Physical inspector" certified by State.		
Colorado	Yes	Education	do	M	Teacher	Annual	Sight, hearing, breathing.
Connecticut	Yes	do	do	M[3]	Physician, nurse, teacher optometrist.	do	Vision for all. Other defects where physician is employed.
Delaware	Yes	do		P			
Florida	Yes	Health	Health	M	County medical inspector.		No physician shall be assigned more than 2,500 children.
Georgia	Yes	do	do	M[2]	Commissioner of health	Annual	General examination.
Idaho	Yes	Education and welfare.		M			
Illinois	Yes		Education	P	Physician, dentist		Dental and other.

See footnotes at end of table.

Table 2.—*Summary of State legislation for medical inspection*—Continued

State	Law	State authority [1]	Local authority	Mandatory or permissive	Examiner	How often	Extent of examination specifically mentioned
1	2	3	4	5	6	7	8
Indiana	Yes	Joint	do	P	Physician, teacher (for sight and hearing).		General. Sight and hearing. Physician may not have more than 2,000 children under his care.
Iowa	Yes [4]		do	P	Dentist		Dental.
Kansas	Yes		do	M [5]	do	Annual	Do.
Kentucky	Yes		Health	M	County health officer		Vision, hearing, teeth, tonsils, adenoids, communicable disease.
Louisiana	Yes	Joint	Education	M	Teacher	Annual	Sight, hearing, and diseases of eyes and ears.
Maine	Yes	Education	do	M	Teacher or physician	do	Sight and hearing.
Maryland	Yes	Joint	do	M	Physician, teacher (for sight and hearing).	At least every 2 years.	Sight, hearing, or other disability.
Massachusetts	Yes	do	do	M	Physician, teacher	Annual	Sight, hearing, and any other defects.
Michigan	No						
Minnesota	Yes	Joint	Education	M	Physician, nurse, and teacher.		
Mississippi	Yes	Education	do	M		Periodic	

Missouri	Yes	Health	do	P	Physician, nurse, supervisor of physical education.	do	
Montana	Yes		do	M	Physician		General health conditions.
Nebraska	Yes	Health	do	M	Teacher	Annual	Sight, hearing, teeth, mouth breathing, communicable disease.
Nevada	Yes	do	do	M	do	do	Sight, hearing, teeth, mouth breathing.
New Hampshire	Yes	Joint	do	M	Physician, teacher (for eyes and ears).	do	Sight, hearing; defects and diseases.
New Jersey	Yes	Education	do	M	Physician or nurse		Any defects, also growth and development (annually).
New Mexico	No						
New York	Yes	Education	Education	M	Physician, teacher (for eyes and ears).	Annual	Vision and hearing by teachers. (Teachers to be trained).
North Carolina	Yes	Joint	None	M	Teacher	At least every 3 years.	Parents notified of serious defects by State board of health.
North Dakota	Yes		Education	P	Physician or nurse		
Ohio	Yes		Education or health.	P	Physician and dentist		
Oklahoma	Yes	Health	Education	P	Physician, dentist, nurse.		
Oregon	Yes	Education	do	M	Teacher	Annual	Obvious physical defects.

See footnotes at end of table.

Table 2.—*Summary of State legislation for medical inspection*—Continued

State mmm	Law m5m	State authority [1]	Local authority	Mandatory or permissive	Examiner	How often	Extent of examination specifically mentioned
1	2	3	4	5	6	7	8
Pennsylvania	Yes	Joint [6]	Joint	M	Physician, teacher (for sight and hearing).	do	All defects. Sight, hearing by teachers.
Rhode Island	Yes	Education	Education	M	Physician, teacher (for eyes and ears).	do	Examination of eyes and ears mandatory.
South Carolina	Yes	Health	do	M	Physician, nurse, dentist.	do	Medical and dental.
South Dakota	Yes		Health	P	Public health nurse		Eyes, ears, nose, throat, teeth, and communicable disease.
Tennessee	Yes		Education	P	Physician		Communicable disease only.
Texas	Yes		County court	P	Nurse		
Utah	Yes	Health	Education	M	Physician or teacher		Sight, hearing, teeth, and mouth breathing.
Vermont	Yes	Joint	do	M [7]	Teacher, physician, nurse.	Biennial	Sight and hearing by teacher.
Virginia	Yes	do	do	M	do	Annual	Sight and hearing, weight and nutrition, throat and nasal obstruction.
Washington	Yes		do	P	Physician or nurse		May be established in cities of first class.

West Virginia	Yes	----------	----do----	M, P[8]	----do----------	----------	Medical and dental.
Wisconsin	No	----------	----------	----------	----------	----------	
Wyoming	Yes	Education	Education	M[9]	Teacher----------	Annual	Sight, hearing, nose, throat. (Specific tests provided by law.)

[1] State "authority" especially as regards the department of health is seldom more than that of preparing blanks for examinations.
[2] Where there is a county health officer.
[3] For vision.
[4] Power to establish dental clinics.
[5] Free dental examination required. First- and second-class cities and "in school districts."
[6] Depends on size of district and whether teacher or physician is examiner.
[7] Sight and hearing. Boards of education are permitted to use 3 percent of school funds for treatment of defects and diseases of the indigent.
[8] Mandatory for independent; permissive for other districts.
[9] For incorporated cities and towns.